

Relocation to Kodiak Needs Assessment Sheet

Rank/Full Name: _____

Mailing Address: _____

City, State, ZIP: _____

Current Unit: _____

Unit reporting to on Kodiak: _____

Please tell us about your family make-up & pending transfer so we can better serve you.

☐

Single

☐

Married

☐

Children

☐

Kodiak Visitors Directory

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Kodiak Map

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Military Lodging Map

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Emergency Medical Services for Alaska Travelers

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Traveling with TRICARE Prime

☐

VA Home Loan Information & Home Purchasing Brochures

Share your comments with us about this web page and if it was useful in your transfer:

Return this form by e-mail or fax to:

Debbie Bower

Debbie.J.Bower@uscg.mil

Fax: 907-487-5239

Office: 800-872-4957 Ext. 563, Ext. 275